

Parental Consent Forms

Our goal at _____ is for every child to have a successful and enjoyable experience that helps to prepare him or her for the future. In particular, we wish to provide children with the knowledge, skills, and abilities to resist the appeal and pressures to use illegal substances. To help us understand how well we are meeting this goal, your child will be given the opportunity to answer some questions about their experience with our program.

The questions we wish to ask your child focus on the effectiveness of our program and not you as a parent. Therefore, we would like to ask your child to complete one or more surveys that will help us determine if our program is meeting your child's needs and if the program is meeting our goal to prevent substance use in children. The questions your child may be asked include questions about his or her interpersonal skills and satisfaction with the program, as well as questions pertaining to your child's knowledge, attitudes, and use of alcohol and drugs.

The survey items chosen by the Idaho Office of Drug Policy have been collected and are used to evaluate similar programs throughout the nation funded through the Center for Substance Abuse Prevention. There are no known discomforts or risks associated with participating in these surveys.

Your child does **NOT** have to answer questions to participate in our program. Your child's involvement in the survey process is completely **VOLUNTARY**. If you consent to having your child complete a survey now, you can change your mind at any time. You may also request that any data collected from your child be withdrawn and destroyed. In addition, your child has the right, at the time of the survey, to refuse to answer any or all questions on the survey. They may leave questions blank without explanation or without penalty.

All your child's answers to the survey questions will be completely **CONFIDENTIAL**. The responses provided by your child will be combined with data from other children and reported in group form only. There will be no way to identify your child and his or her individual responses in the reports. The summary of responses will only be used to evaluate our program's effectiveness.

If you have any questions, please call [Name], the program administrator at [Phone number].

[☐] **YES.** I have read and understand the above information, and freely give my consent for my child to participate in the survey process.

[☐] **NO.** I have read and understand the above information, and do not wish for my child to participate in the survey process.

Date: _____

PARENTS SIGNATURE

Sample Paragraph for Providers with Existing Consent Packets

To help us understand if we are successfully implementing our program, your child will be given the opportunity to answer some questions about their experience with our program.

The questions will focus on the effectiveness of our program and not you as a parent. Therefore, we would like to ask your child to complete one or more surveys that will help us determine if our program is meeting your child's needs and if the program is meeting our goal to prevent substance use in children. The questions your child may be asked include questions about his or her interpersonal skills and satisfaction with the program, as well as questions pertaining to your child's knowledge, attitudes, and use of alcohol and drugs. The survey items chosen by the Idaho Office of Drug Policy have been collected and are used to evaluate similar programs throughout the nation funded through the Center for Substance Abuse Prevention.

There are no known discomforts or risks associated with participating in these surveys. Your child does **NOT** have to answer questions to participate in our program. Your child's involvement in the survey process is completely **VOLUNTARY**. If you consent to having your child complete a survey now, you can change your mind at any time. You may also request that any data collected from your child be withdrawn and destroyed. In addition, your child has the right, at the time of the survey, to refuse to answer any or all questions on the survey. All your child's answers to the survey questions will be completely **CONFIDENTIAL**. The responses provided by your child will be combined with data from other children and reported in group form only. There will be no way to identify your child and his or her individual responses in the reports. The summary of responses will only be used to evaluate our program's effectiveness. If you have any questions, please call [Name], the program administrator, at [Phone number].

_____ [☐] YES. I have read and understand the above information, and freely give my
[Initial Here] consent for my child to participate in the survey process.

_____ [☐] NO. I have read and understand the above information, and do not wish for
[Initial Here] my child to participate in the survey process.